

**UNITED STATES BANKRUPTCY COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

**IN RE:** : **CHAPTER 13**  
:   
**GERALD T. MONTELEONE** :   
:   
**DEBTOR** : **NO. 20-10530 (ELF)**

**CERTIFICATION REGARDING PAYMENT ADVICES PURSUANT TO 11 U.S.C.  
SECTION 521(a)(1)(B)(iv)**

I, Gerald T. Monteleone debtor, certify that I was not employed for 60-day period before the filing of the petition. Consequently, I do not have any payment advices for the 60-day period. I began my current employment on the date the petition was filed.

My non-filing spouse was also not employed during the 60-day period before the filing of the petition. She receives Social Security benefits and food stamps (see attached).

I hereby verify that the statements made above are true and correct to the best of my knowledge, information and belief and that these statements are made subject to the penalties of 18 Pa. C.S.A. Section 4904 relating to unsworn falsification to authorities.

Date:

2/25/20

  
Gerald T. Monteleone

Social Security

**BENEFICIARY'S NAME: SUSAN L MONTELEONE**

Your Social Security benefits will increase by 1.6% in 2020 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

**How Much Will I Get And When?**

- Your monthly amount (before deductions) is **\$822.00**
- The amount we deduct for Medicare Medical Insurance is **\$0.00**  
(If you did not have Medicare as of November 22, 2019, or if someone else pays your premium, we show \$0.00.)
- The amount we deduct for your Medicare Prescription Drug Plan is **\$0.00**  
(We will notify you if the amount changes in 2020. If you did not elect withholding as of November 1, 2019, we show \$0.00.)
- The amount we deduct for voluntary Federal tax withholding is **\$0.00**  
(If you did not elect voluntary tax withholding as of November 22, 2019, we show \$0.00.)
- After we take any other deductions, you will receive **\$822.00**

on or about January 3, 2020.

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. Or visit [www.ssa.gov/non-medical/appeal](http://www.ssa.gov/non-medical/appeal) to appeal online. We would be happy to review the amounts.

If you receive a paper check and want to switch to an electronic payment, please visit the Department of the Treasury's Go Direct website at [www.godirect.org](http://www.godirect.org) online.

**What If I Have Questions?**

- Visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov)
- Call us toll-free at 1-800-772-1213 (TTY 1-800-325-0778)
- Contact your nearest Social Security office

1700 Markley Street  
Suite 120  
NORRISTOWN PA 19401

**Other Help For Seniors**

Call the Eldercare Locator service of the U.S. Administration on Aging at 1-800-677-1116 or visit [www.eldercare.acl.gov](http://www.eldercare.acl.gov) to learn about a wide variety of services that may be helpful to you.

MONTGOMERY CAO  
1931 NEW HOPE STREET  
NORRISTOWN, PA 19401-3191



*Food Stamps*  
**pennsylvania**

DEPARTMENT OF HUMAN SERVICES

**OFFICE OF INCOME MAINTENANCE**

Notice ID: 9086611414 | C:17226

Susan Monteleone  
410 Ford St  
Bridgeport, PA 19405-1410

Mail Date: 12/12/2019  
Record ID: 46/0324310  
MCI#: 990144897

**COMPASS:** The fast and easy  
way to apply for benefits  
[www.compass.state.pa.us](http://www.compass.state.pa.us)

The Department of Human Services (DHS) is writing to you about your Supplemental Nutrition Assistance Program (SNAP) benefits.



**Supplemental Nutrition Assistance Program (SNAP)**

Michael, Susan

You **qualify** for SNAP :

- \$334.00 monthly, starting on 01/15/2020.

Your certification period runs from November 2017 to November 2020. If you are only receiving SNAP benefits and you later apply for and receive Cash Assistance and/or Medical Assistance, your certification period shown above will change. You will be notified of your new certification period.

If you do not agree with this decision, fill out the enclosed Fair Hearing form and mail or give it to your caseworker. It must be postmarked or received on or before March 11, 2020.

**Michael, Susan:**

We determined your countable income is \$69.00 each month after allowable deductions and/or expenses. Certain expenses, such as your rent/mortgage of \$300.00, any home-related taxes/insurance, and the utilities you pay, were used to calculate your ongoing per month SNAP benefit amount.

You qualify for SNAP benefits.

You will continue receiving \$334.00 monthly in SNAP until you have a change in your case.

The Household is categorically eligible for SNAP benefits. We used 200% Federal Poverty Income Guidelines (FPIG) to determine SNAP eligibility.

This is the law we used to make this decision: 7 CFR §§ 273.1 - 273.25

*(continued on next page)*

RC/O: 012

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